2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006844

Entity Name: SOCCER LOCKER USA, INC.

FILED Jan 31, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

851 WEST STATE ROAD 436 SUITE 1041 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

851 WEST STATE ROAD 436
SUITE 1041
ALTAMONTE SPRINGS, FL 32714
350 S. FITZPATRICK AVE.
INVERNESS, FL 34453

FEI Number: 04-3590770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAFAIE, ABOTALEB FERDOWSI, MOHAMMAD E 851 WEST STATE ROAD 436 401 S. CROFT AVE, ALTAMONTE SPRINGS, FL 32714 US INVERNESS, FL 34453 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MOHAMMAD E. FERDOWSI 01/31/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

PTD () Delete Title: DIR (X) Change () Addition

 Name:
 VAFAIE, ABOTALEB
 Name:
 VAFAIE, ABOTALEB

 Address:
 851 WEST STATE ROAD 436
 Address:
 851 WEST STATE ROAD 436

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714

Title: VSD Title: VΡ (X) Change () Addition () Delete Name: FERDOUSI, MOHAMMAD E Name: FERDOWSI, MOHAMMAD E 851 WEST STATE ROAD 436 Address: 401 S. CROFT AVE. Address: ALTAMONTE SPRINGS, FL 32714 INVERNESS, FL 34453 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOHAMMAD E. FERDOWSI VP 01/31/2005